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CONFIRMATION NO. 4517

SERIAL NUMBER 10/685,124	FILING DATE 10/14/2003 RULE	CLASS 514	GROUP ART UNIT 1624	ATTORNEY DOCKET NO. R0067D-DIV
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/862,286 05/22/2001 PAT 6,667,301
which claims benefit of 60/207,483 05/25/2000
and claims benefit of 60/267,579 02/09/2001

OK

** FOREIGN APPLICATIONS *****

None OK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CA	0	18	1
Examiner's Signature <i>[Signature]</i>	Initials <i>OR</i>			

ADDRESS

24372
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TITLE

Heterocyclalkylamines as muscarinic receptor antagonists

<p>FILING FEE</p> <p>RECEIVED</p> <p>770</p>	<p>FEES: Authority has been given in Paper</p> <p>No. _____ to charge/credit DEPOSIT ACCOUNT</p> <p>No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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